

DRIVER EDUCATION SUPPLY REQUEST

INSTRUCTIONS: Complete appropriate sections.
 Please print in ink or type.
 Send the original copy to: Occupational Licensing Section
 PO Box 932342 MS L224
 Sacramento CA 94232-3420
 Retain a copy for your files.

SCHOOL NAME	SCHOOL ID NUMBER
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SECTION 1: FORMS ON HAND AND AMOUNT REQUESTED. **FOR DRIVER TRAINING USE ONLY*

AMOUNT ON HAND	ADDITIONAL REQUESTED	FORM NO.	DESCRIPTION
EACH	EACH	DL-5B	Student Examination on Vehicle Code
EACH	EACH	DL-5BS	Spanish Student Examination on Vehicle Code
EACH	EACH	DL-38*	Statement of Facts and Certification of Insurance Coverage
EACH	EACH	DL-44	Application for Driver's License, Identification Card and Name Change
EACH	EACH	DL-118*	Student License
EACH	EACH	DL-119*	Statement of Consent and Acceptance of Liability
EACH	EACH	DL-387	Certificate of Completion of Driver Education - 1 per student, plus 1%
EACH	EACH	DL-388*	Certificate of Completion of Both Driver Education and Driver Training - 1 per student, plus 1%
EACH	EACH	DL-388A*	Certificate of Completion of Driver Training - 1 per student, plus 1%
EACH	EACH	DL-392*	Certificate of Enrollment in Driver Training - 1 per student, plus 1%
EACH	EACH	DL-600	California Driver Handbook
EACH	EACH	DL-600S	Spanish California Driver Handbook
EACH	EACH	DL-603	Parent-Teen Handbook
EACH	EACH	DL-665	California Motorcycle Handbook
EACH	EACH	DL-612	Secondary School DE/DT Handbook (For Instructors Only)
EACH	EACH	DL-803	Driver Education/Driver Training (DE/DT) Completion Certificate Log - 2 per school

SECTION 2: *I certify under penalty of perjury under the laws of the State of California that the information entered by me on this form is true and correct.*

SIGNATURE X	TITLE	DATE
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